PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

15 MAY 19 PM 4:57

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/14)

DOCUMENT # M03000002027

1. Limited Liability Company's Name
Metamark Laboratories, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
245 First Street		245 First Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 150		Suite 150	
City & State		City & State	
Cambridge, MA		Cambridge, MA	
Zip	Country	Zip	Country
02142	USA	02142	USA

4. State/Country of Formation
Texas

5. Date Organized or Qualified To Do Business in Florida
06/20/2003

6. FEI Number
562363362
☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
C T CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City	State	Zip Code
PLANTATION	FL	33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent _____ Date 5/19/2015

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Manager	Claripath Laboratories, Inc.	9825 SPECTRUM DR BLDG 3	AUSTIN, TX 78717

REINSTATEMENT

MAY 19 2015
R. HUNT

11. E-mail Address: _____
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager _____ Date 5/15/15 Daytime Phone # _____

Typed or printed name of signing Authorized Representative/Manager _____

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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LIMITED LIABILITY REINSTATEMENT
METAMARK LABORATORIES LLC

Certificate of Status	0
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Page Count	02
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MAY 19 2015

R. HUNT

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